A Needs Assessment & Periodic Environmental Scan of Forensic Mental Health Services & Programs for Offenders in a Canadian Province

Canadian Federation of Mental Health Nurses

Mental Health Nursing in the 21st Century

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11/4/2011
University of Saskatchewan Gates
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Forensic Centre

Forensic Centre:
Centre for Forensic Behavioural Sciences & Justice Studies at the University of Saskatchewan

- Multidisciplinary
- Funded by federal and provincial corrections
- Approved as a “research centre” at U of S (May 2011)
- Graduate student scholarships and grants
- Website: [http://www.artsandscience.usask.ca/fbsjs/](http://www.artsandscience.usask.ca/fbsjs/)
Research Context

FIRST

• Forensic Interdisciplinary Research: Saskatchewan Team
  Recently formed multidisciplinary group (July, 2009)
• Goal of providing evidence-based research to address the
  needs of the increasingly complex mentally ill offender
  population in the province of Saskatchewan.

• FIRST was commissioned by the Forensic Centre at the
  University of Saskatchewan to conduct a Needs
  Assessment and Environmental Scan on the forensic mental
  health services and programming for offenders in
  Saskatchewan.
Research Intent

Intent of - Needs Assessment & Environmental Scan

• To acquire a baseline of information of the current needs of the offenders with mental disorders in the province of Saskatchewan to inform future research

• To produce a document that identifies needs and issues unique to Saskatchewan to promote and sustain an effective and efficient criminal justice system.
Periodic Environmental Scan/ Needs Assessment

- Forensic Centre for Forensic Behavioural and Justice Studies
- FIRST: Forensic Interdisciplinary Research: Saskatchewan Team
- Proposal to Centre Initiative for Needs Assessment/ Environmental Scan
- Interviewing & Hiring of RAs
- Ethics Proposal to REB “Periodic Environmental Scanning and Needs Assessment of Forensic Mental Health Services and Programming in Saskatchewan”
- CSC Application for Proposed Research
- Methodology
Periodic Environmental Scan/Needs Assessment Methodology

- Research Questions
- Literature Search
- Literature Review
- Data Collection
- Phases
- Data Analysis
- Initial Findings
Research Questions

1) What are the needs of offenders with compromised mental health including addictions?

2) What are mental health needs of Saskatchewan offenders and how are they currently being met?

3) What are the best practices in services/ where do the gaps in service currently exist?
Literature Search

Endnotes - All searches are 1990 - Current

- Total = (47,814)
- Canadian articles = (1523)

Search Engines

- LegalTrac
- Medline
- PsychInfo
- Pubmed
- Wiley
Literature Review

Sources of Information

• Major Government Reports Relevant to Mentally Disordered Offenders in Canada and SK
• Major Research Studies
• Major Literature Reviews/Environmental scans
• Major Canadian Papers
• News Articles - Canadian Press
Literature Review

Major Government Reports Relevant to Mentally Disordered Offenders in Canada and SK

• Canadian Centre for Justice Statistics
• Canadian Institute for Health Information
• Centre for Addiction and Mental Health
• Correctional Service Canada
• Department of Justice Canada
• Federal, Provincial and Territorial (FPT) Deputy Ministers Responsible for Justice
• Health Canada
• Human Services and Justice Coordinating Committee
Literature Review

Major Government Reports Relevant to Mentally Disordered Offenders in Canada and SK (cont.)

• International Centre for Criminal Law Reform and Criminal Justice Policy
• Office of the Correctional Investigator (OCI)
• Public Safety Canada
• Statistics Canada
• Saskatchewan Justice
• Saskatchewan Learning & Saskatchewan Health
• Standing Senate Committee on Social Affairs, Science and Technology
Literature Review

Major Government Reports Relevant to Mentally Disordered Offenders in Canada and SK (cont.)

Needs and Issues well identified nationally by:

- Correctional Service Canada
- Office of the Correctional Investigator (OCI)
Literature Review

Current NEWS Articles

- CMHA. (2010, October 28). OCI reviews CSC's mental health strategy.

Mental Health Notes

Literature Review

Current NEWS Articles (cont.)


Office of the Correctional Investigator (OCI) Priority

• The Office of the Correctional Investigator is an ombudsman for federal offenders. It conducts investigations into the problems of offenders related to decisions, recommendations, acts or omissions of the Correctional Service of Canada that affect offenders individually or as a group (Public Safety Canada, 2009).

• Enhancing the capacity of the Correctional Service to address mental health needs of offenders is a key priority of the Office of the Correctional Investigator (OCI, 2009).
The literature confirms, the criminogenic and forensic (mental) health needs of offenders are vast.

- Mental health needs 3X more prevalent than general population
- Poly substance abusers
- Usually suffer more than one mental health problem concurrently (Co-occurring disorders)
Issues
Identified in Literature Review

Needs to address in Saskatchewan:
• The criminalization/involvement of mentally ill persons in the CJS
• The increased numbers of offenders with mental health issues
• The increased numbers of women offenders with mental health issues
• The increased overrepresentation of Aboriginal offenders in the criminal justice system.
• The increased numbers of Aboriginal woman offenders
• The increased numbers of Aboriginal young offenders
• The increased complexity of the mental health issues (substance abuse, co-occurring disorders, FASD, Suicide, etc.)
• The increased suicide rates among offenders
• The overcrowding of offenders in the criminal justice system
• The stigmatization challenge
• The security challenge
Saskatchewan Demographics

Total Population
1 million

Aboriginal Population
14-18%
SK Aboriginal Demographics

• Aboriginal Population in Northern SK: 80%

• "Aboriginal Peoples" includes "Indian, Inuit and Métis peoples of Canada" according to the current 1982 Canadian constitution

• Treaty Indians are listed as members of First Nations who are descendants of the signatories to one of the Numbered Treaties.
Aboriginal Population in SK

• Growing at higher rate than the general SK population

• Demographic projections indicate that the Aboriginal proportion will grow to 32.5% by 2045 (Gov’t of SK, 2011).
Aboriginal Offender Statistics in Saskatchewan

• Aboriginal peoples - dramatically over-represented in Canada's correctional system
• Aboriginal peoples - only 2.5% of general Canadian population
• Aboriginal offenders - 17.8% of federal penitentiary inmates – doubled since 1987 (CSC, 2009).
• Over-representation reach critical levels in Manitoba, Saskatchewan and Alberta, where Aboriginal people make up more than 60% of the inmate population in some penitentiaries population (CSC, 2009).
Aboriginal Offender Statistics in Saskatchewan

• Estimated that the overall incarceration rate of Aboriginal Canadians to be 983 per 100,000, or almost nine times higher than the rate for non-Aboriginal people (OCI, 2008, p. 24).

• In Saskatchewan, for example, Aboriginal people are incarcerated at a rate of 35 times higher than the mainstream population (CSC, 2009).
Challenges/Barriers of OMDs in the CJS

• Stigmatization: Offenders avoid seeking treatment for fear of being labeled
• Offenders with mental illness are more likely to be victimized by other offenders
• Increased risk of suicidal behaviors
• Problems with discharge planning (housing, medical, etc.)
• Offender safety
• Difficulty retaining mental health care providers
• Recruitment and retention of health care professionals
• Training of health care professionals and correctional staff
• Delivery of health services in a correctional security orientated setting
• Landscape not always receptive to all evidence-based harm reduction initiatives (ie. Tattoo and needle exchange programs)
• Health care information sharing between institutions and systems
• The more needs an offender has, the higher the likelihood that he or she will return to prison more quickly
Needs Identified in Literature Review

Needs to address in Saskatchewan:

- Need for a precise and common definition of offenders with mental health illness/issues
- Needs of Specific Populations at risk: Aboriginal, women & young offenders
- Need for Identification and psychiatric assessment of mental health issues
- Needs of Family of Offenders (relationships, supports)
- Need for Health determinants improvements (Housing, Employment, Socio-economic)
- Need for Effective Mental Health Treatment and Adjunct Services (i.e., addictions)
- Need for Access to Services (community, mental health and addictions services)
- Need for Diversion alternatives, problem solving, therapeutic court, drug courts
- Need for Training in mental illness and recruitment of skilled professionals (for police, security and health care professionals)
- Need for Continuity of Care, Information Sharing and Quality of Care
- Need for Coordination of Services/ Partnerships
- Need for fiscal responsibility of mental health services
Definition of Mental Disordered Offender

- The Forensic Centre at the University of Saskatchewan defines mentally ill in the criminal justice system as mentally disordered offenders including those dually diagnosed with addiction and substance abuse, and the relationship between mental health and corrections (Forensic Centre Proposal, 2010).

- The term “offenders with mental disorders” OMDs includes not only mental illnesses such as bipolar disorder or schizophrenia but also disorders such as Fetal Alcohol Spectrum Disorders, Alzheimer’s Disorder, Attention Deficit Hyperactivity Disorder (ADHD), personality disorders, as well as problems resulting from head injuries and other disorders that influence the functioning of an individual (CSC, 2007, p. 19).
Definition of Mental Illness

• Defining 'mental health issues' or 'mental illness' will be one of the biggest challenges with respect to data collection because of the potentially vast scope of a definition.

• From a clinical perspective anything from substance addiction to psychopathic behaviour is included under the Diagnostic and Statistical Manual for Mental Health Disorders, 4th Edition (DSM-4).

• Data collection, however, needs to be feasible and meaningful (Statistics Canada, 2009e).
Definition of Mental Illness

• Defining what constitutes mental illness is a significant challenge.

• Substantial variation exists on which behaviours and conditions should fall under the umbrella of mental illness, depending on the disciplines and mandates of the respective organizations or agencies. This is especially true within the criminal justice system (Statistics Canada, 2009c).
Definition of Mental Illness

- Provincial/territorial and federal correctional system participants tend to prefer a broad definition of mental illness.

- For this group, a definition of compromised mental health or mental illness should include depression, suicide ideation, substance abuse, emotional disturbance, behavioural disorders, cognitive disorders, personality disorders, and permanent brain damage (e.g., Fetal Alcohol Spectrum Disorder) (Statistics Canada, 2009d).
Mental Health Initiatives, Strategies & Priorities

• According to Keith Coulter CSC Commissioner, “there is a direct link between how well we respond to the needs of offenders with mental disorders and keeping Canadian communities safe. Our dedicated and professional staff, as well as our many partners in corrections make a real difference in helping these individuals, and thus in contributing to the public safety interests of all Canadians” (CSC, 2007)
Mental Health Initiatives, Strategies & Priorities

**Correctional Service Canada (CSC) - Goals**

• The mission of CSC is the protection of society be the paramount consideration in the corrections process according to CSC’s Corrections and Conditional Release Act, 1992.

**Correctional Service Canada (CSC) - Priorities**

• Over the last several years, addressing the mental health needs of offenders has been identified as one of Correctional Service Canada's (CSC) top priorities with significant progress being made.

• Ultimately, improving public safety is the overall goal of the Correctional Service of Canada's plans to fundamentally transform federal corrections. Through the mental health strategy and other initiatives, such improvements can be achieved over the coming months and years (OCI, 2009).
Initiatives
Mental Health Strategies/ Interventions)
(identified in the literature review)

• 2002 - CSC Mental Health Strategy for woman offenders
• 2004 - CSC Mental Health Strategy launched
• 2005 - CSC Community Mental Health Initiative
• 2007 - Mental Health Commission incorporated
• 2007 - CSC Institutional Mental Health Initiative
• 2007 - CSC Mental Health Training package for staff implemented
• 2007 - CSC Computerized Mental Health Intake Screening System (CoMHISS) and Primary Care
• - CSC Discharge and integration planning
• 2010 - FPT framework for a Corrections Mental Health Strategy for Canada
Mental Health Strategy Components

CSC's Mental Health Strategy is founded upon five key components, falling along a continuum of care from intake through to warrant expiry.

The components are:
(1) mental health screening at intake;
(2) primary mental health care;
(3) intermediate mental health care (currently unfunded);
(4) intensive care at the regional treatment centres; and
(5) transitional care for release to the community.
What is needed?

- An interdisciplinary approach to treating mentally ill offenders
- An approach that integrates various elements and disciplines (psychologists, psychiatrists, social workers, nurses, behavioural counsellors) with case management and security.
- These are vital components in better addressing the mental health needs of federal offenders (OCI, 2009).
What is still needed?

Additional progress is required in response to:

• Lagging recruitment and retention of mental health professionals.
• Lack of bed utilization at the regional treatment facilities (designated psychiatric hospitals).
• Inappropriate infrastructure to meet rising need.
• Lack of funding to create «intermediate» health care units.
• Under-utilization of clinical management plans to manage high-needs mentally disordered offenders.
• Over-reliance on segregation to manage offenders with mental health concerns.
• Barriers to admission to regional treatment centres (OCI, 2010).
Health Care System in Canada

Understanding of how health care is provided:
- for all Canadians
- more specifically, Aboriginal people

1984 Canada Health Act, enacted
- all essential health care is to be available to all individuals
- Aboriginal people continue to encounter challenges

Why the health of Aboriginal people lags behind?
- plethora of reasons including factors influenced by:
  - the social determinants of health
  - the five principles of the Canada Health Act
Responsibility for Mental Health Services

CSC Responsible for Mental Health Services

• The OCI report notes that mental health and health care services for federal offenders is not covered by the Canada Health Act, Health Canada or provincial and territorial health services, and therefore, CSC assumes this responsibility (CMHA, 2010, Oct).

Corrections and Conditional Release Act

• Under the Corrections and Conditional Release Act, the Service must ensure reasonable access to health care in conformity with professionally accepted standards of practice. The Service is further obligated to consider an offender's state of health and health care needs in all decisions, including placements, transfer, segregation, discipline and community release and supervision (OCI, 2010).
Responsibility for Mental Health Services

- Federal offenders are excluded from the *Canada Health Act* and are not covered by Health Canada or provincial health care systems.

- Annual expenditure now exceeding $190M - the Correctional Service provides essential physical and mental health services directly to offenders inside federal penitentiaries (OCI, 2010).
Responsibility for Health Care Services

First Nations and Inuit people living On Reserve
• The federal government is responsible for providing support and health services through the First Nations and Inuit Health Branch for First Nations and Inuit people living on reserve

Aboriginal Peoples living Off Reserve
• Provincially funded health care is reimbursed by the federal government for those living off reserve

Métis people
• The provincial government is accountable for the services provided for Métis people

(King Blood & Roberts, 2008)
In Alberta, Arboleda-Florez (1994) found in his epidemiological study of mental illness in remanded populations that Aboriginal offenders were not being sent for forensic psychiatric assessments for fitness to the same proportions as the general population.
Methodology - Phases

Three Concurrent Phases:

Phase 1
• Interviews with immediate family members of offenders

Phase II
• An environmental scan of correctional and community programming and services

Phase III
• Surveys with front line personnel in correctional environments and with those working with offenders in the community.
Data Collection

Sectors invited to participate:

• Community Services
• Corrections, Public Safety & Policing
• Federal Corrections
• Health
• Justice
• NGOs
• Policing (RCMP)
• Social Services
Regional Health Care Authorities

- Health Care System Divisions in Saskatchewan
Data Collection

Family Interviews
- 52

Environmental scan
- Identified over 200 community organizations, programs, and/or services of potential benefit to and/or those interacting with forensic clients with mental health issues and addictions,
- Ministries of mental/health, justice, social services, federal corrections, RCMP. First Nations’ organizations, as well as community sectors and NGOs offering mental health and wellness treatment.

Online Surveys
- 200 plus
Data Analysis

Phase I
• Family Interviews: Thematic analysis

Phase II
• Environmental scan
• The periodic environment scanning technique developed by Fahey, King, and Narayanan (1981) is an active method of data collection used to systematically identify and categorize organizational-institutional patterns, trends, and changes that inform strategic planning. It is engaged as a formal methodology of obtaining information for the purpose of identifying provincial forensic mental health [needs/issues]

Phase III
• Surveys- NVivo
Findings (1)

• National and provincial initiatives are in place to address the needs of the offenders with mental disorders, however Saskatchewan has unique demographic needs.

• The mental health needs of offenders in Saskatchewan are similar to the mental health needs identified federally by CSC and OCI, however, these needs are exacerbated among Aboriginal offenders in general, and Aboriginal women and Aboriginal youth offenders in particular.
Findings (2)

• Therapeutic problem solving or mental health courts implemented in other provinces to address the disposition needs of offenders with mental disorders have showed positive results, but this initiative has not yet been realized in Saskatchewan.

• Mental health and addiction assessments and services in Saskatchewan are not accessed by Aboriginal offenders at a level consistent with their level of need. One factor contributing to this is the lack of culturally appropriate services available for Aboriginal offenders.
Findings (3)

• Family of offenders states that they would rather have their family members with a mental disorder in federal prison than in the community as then they know that they are getting some treatment.

• Families of mentally disordered offenders (including those with addictions) state that they are not aware of the community services available to them.
Findings (4)

• The realization that correctional institutions have become the largest mental health and health care services in the province and country

• Mental health and health care services for federal offenders is not covered by the *Canada Health Act*, Health Canada or provincial and territorial health services, and therefore, CSC assumes this responsibility
Thank-you

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Selected References


Selected References


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